	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	of information should be carefully supplied. AGE should be stated EXACTLY.  * DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.
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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Ward) a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, Weldows ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at. 1 day ......hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) of death ..... yrs. .... mos. .. . ds. State ..... yrs. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS Filed.... REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—leaved the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yeary important. See instructions on back of certificate. PERMANENT INK-THIS UNFADING

County Dorchester	CERTIFICATE OF DEATH
Village or City East Hew The ark	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Nov 2 , 1915 (Month) (Day (Year)
Month (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	that I last saw here alive on 200 / 1915
Yrs. S mos. / S ds. OR min. ?	and that death occurred on the date stated above, at 49. m, The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos 2 ds.  Contributory Olitic zuedia.  Secondary (Duration) yrs mos / ds.
10 NAME OF FRANK Arnie  11 BIRTHPLACE OF FATHER (State or country) Germany  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MANGE  17 MAIDEN NAME OF MOTHER  18 MAIDEN	(Signed) (Address) (Addres
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS)  Af place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?  Former or
(Intermant) Food New Morked Med  16  Filed	19 PLACE OF BURIAL OR REMOVAL  LOW 3, 191 5  20 UNDERTAKER  ADDRESS
	trar, 6 E. Frauklin St., Baito., Requesting V. S. No. 1.

V. S. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional llue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin

which surgical operation was undertaken. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



PLACE OF DEATH

2 FULL NAME Kungu au	a hospital or institution give its NAME instead of street and number.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male bala (Wist the word)	16 DATE OF DEATH MON (Month) (Day) (Year	
AGE  (Month)  (Day)  (Year)  AGE  (Month)  (Day)  (Year)  (A)  (Year)  (A)  (Year)  (A)  (A)  (A)  (A)  (A)  (A)  (A)  (	that I last saw h Minally on	
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DRATE, or, in deaths from Violent Causes, state (1) Mrans of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At piece le the state, yes. mes. de. State, yes. mes.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrasted, if not at place of death?  Former or  wocof residence	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

19516/1000

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Horse, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. pess of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. If retired from taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Madager," "Dealer," etc., know (a) the kind of work and also (b) the nature of the write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in But in many cases, .. without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal medingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-

"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of ... on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaked. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" symptoms or terminal eonditions, such as, "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrept) affection need not be stated upless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial (pame origin; "Cancer" is less definite; avoid use of on Nomenelature of the American Medical Association.) by railway train-accident; Revolver wound Always qualify all diseases resulting from child-(merely symptomatie), (seeondary), 10 ds. The contributory (secondary or intercur-"Convulsions," "Debility" Never report mere "Atrophy," "Colacid-probably

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC -7 1915 BURBAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.: Ward) a hospital or institution. give its NAME instead of street and number. 5 SINGLE, MARRIEO, 16 DATE OF GEATH 3 SEX WICOWEO OR DIVORCED (Month) (Year) I HEREBY CERTIFY. That I attended deceased from at (Year) (Month) (Day) 7 AGE If LESS than 9 and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR min. ? OCCUPATION (a) Trade, profession, or ons particular kind of work (b) General nature of industry structi business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 11 BIRTHPLACE PARENT (State or country) \*State the Dibease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At piece In the OF MOTHER of death .....yrs. 9 (State or country) Where was dissess contracted. If not at piace of death? usual residence DATE OF BURIAL 15 20 UNDERTAKER ADORESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material worked on may form part or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. -Coal mine, ctc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return many occupations a single word or term on the very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICINAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from childetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage "Senile," etc.), "Dropsy," The contributory (secondary or intercuras "Puenperal septichaemia, 10 ds. State cause for which Never "Exhaustion," report mere



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#### PHYSICIANS should of OCCUPATION IS RECORD statement stated EXACTLY. PERMANENT so that it may be properly classified. pinous AGE carefully supplied. UNFADING certificate. ō See instructions on back DEATH in plain terms. CAUSE OF Important. S

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1 PLACE OF DEATH	1946
County Doschester Co.	1340
County Forches G.	

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

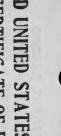
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[if death occurred in a hospital or institution, give its NAME Instead of street and number]

FULL NAME Infant Beyers	of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Anknown 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 1915. (Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that 1 last saw h alive on
Frankling of the second of the	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) Countridge - Andrete C	Contributory Secondary
10 NAME OF FATHER Q. C. Beyers	(Signed) M. Danke Sands M. D
of FATHER (State or country) Mary land	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER Clen Morrison	CAUNES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Maryland	Af place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informanf) Benjaman	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Cambridge Md, & T.D)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

pneumonia"); brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal tlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," unqualified, is indefinite): Tubereu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia Carein-

> valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition;" "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Exoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before



1 PLACE OF DEATH

Dorchester 19463 (6)	CERTIFICATE OF DEATH
County	Registration Dist. No. 112
Village or City Vienna, William .	Henry Brohawn, [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Write the word)	16 DATE OF OEATH NOV / - 1915 (Montb) (Day) , 191
6 DATE OF BIRTH august 19th, 915	OCT 2 1915, 191 to OCT 2 9 19, 19
7 AGE (Year)	and that death occurred on the date stated above, at 3 a.m.
0 yrs 2 mes 19 ds 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows: Municipals
(a) Trade, profession, or particular kind of work	7 0
business, or establishment in which employed (or employer) Infant.	(Burellon) O. yre. O. moe. 1.4. de
9 BIRTHPLACE (State or country)  10 NAME OF A	Contributory Secondary  Gibrelien)  Transport  George  George
"BIRTHPLACE OF FATHER OF FATHER OF FATHER	(Signed) Suttain Signed M. b. NOV 7 , 19.0 5 (Address) Viening Md.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER	*State the DISEASE CAUSINO DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.  SURGITH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  Haryland	OR RECENT RESIDENTS) At glace In the of death yre. mee. de. State, yre. mee. de Where was disease contracted,
(Informant) Harry Lane Buchawn, (Father)	If net at place of death?
(Address) Vienna, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOV 8 1915
Heav 7 1915 Solward & Lawken	Willowshly How E. N. Market W
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St. Balto., Proquesting V. S. No. 1.

CTATE OF MADVIAND

BUREAU,V.S

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee un'er the head of "Contributory," (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drouning; EUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible state means of injury and quality as accidental, surgical operation was undertaken. For violent prating "PURRPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heart failure," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anacmia" (merely symptomatic), "Atrophy," "Colsymptoms or terminal conditions, such as Asthenia chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or interemy cough; Chronic valvular heart discase; Chronic interstilial "Tumor" for malignant neoplasms); Measks; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonneum, etc., Carcinoma, Sarcoma, etc., of.

It the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

#### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in preciso specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Slationary freman, etc. But in many cases, rian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); undustified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

county on church 19464 3	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. //6		
Village or City Cambridge (No. Carry f) 2 FULL NAME Elie Carry	[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year		
OATE OF BIRTH  (Month)  (Month)  (Day)  (Year)  7 AGE	that I last saw h alive on \\ 18  191 \\		
3. yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:  And fully full forms:		
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 State or country)  13 BIRTHPLACE (State or country)  14 BIRTHPLACE (State or country)  15 State or country)  16 State or country)	Contributory Thorte Tufting Secondary  (Signed)  War 18 1 (Address) Cautholy Miles		
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DIMPASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)		
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the ef death yrs. mes. ds. State, yrs. mes		
(Address) Cambridge Mil	19 PLACE OF BURIAL OR REMOVAL  East New Worket My Nov. 21, 1915.  20 UNDERTAKER, ADDRESS.		



[Approved by U. S. Census and American Public Realth
Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Houseksepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Solesman, (b) Crocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question business or industry, and therefore an additional line tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," mus," "Old Age," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic vulvular heart disease; Chronic interstitial to determine definitely. Examples: Accidental drowning; "Heart failure," "Heemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," The contributory (secondary or intercurtrain-accident; Revolver "Shock," "Uraeniia," "Weakness, State eause for which Never report mere "Exhaustion," mound



PHYSICIANS t statement of	PLACE OF DEATH 19465 County Derchesler	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.		
Exac	Village or City Saler (No. , Coll	St.; Ward)  [If death occurred to a hospital ar institution, give its NAME instead of street and number.]		
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
class	3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO OR OIVORCED (Write the word)	16 DATE OF OEATH  (Month)  (Day)  (Year)		
be	6 DATE OF BIRTH	IT I HEREBY CERTIFY, That I attended deceased from		
ied. AGE should be sta that it may be properly ton back of certificate.	7 AGE  (Month) (Day) (Year)  7 AGE  If LESS than 1 day. hrs. OR min.?	that I last saw he alive on		
refully suppling terms, so instructions	particular kind of work  (b) General nature of lodustry business, or establishment in which employed (or emptoyer)  BIRTHPLACE (State or country)  Offind  Talkot  O.	(Buration) yrs. mos. ds.  Contributory Secondary  (Buration) yrs. mos. ds.		
on should be car DEATH in plai mportant. See	10 NAME OF FATHER Oliver H. Collins  11 BIRTHPLACE OF FATHER (State or country) Mary land,  12 MAIOEN NAME	(Signed)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the ef death yrs. mes. ds. State, yrs. mes.  Where was disease contrected, If not at place of death?  Fermer or waspal residence		
Informati CAUSE OF N is very i	of MOTHER  13 BIRTHPLACE OF MOTHER (State or couldry)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Informant)  MAS John & John			
N. B.—Every item of should state ( OCCUPATIO	(Address) Salem Md.  Filed km-3, 1915 Elwoff  REGISTRAR  If more blanks are oeeded, address State Registrar, 1915 Processing to the state of the sta	19 RLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL  ADDRESS  MACRE  MY  HOWARD  ADDRESS  MARKET  MY  HOWARD  ADDRESS  MARKET  MARKE		



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autowrite None. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Forenian," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line engincer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever Stationary fireman, etc. The material worked on may form part But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, hcad-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marus-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . "," "Old Age," "Shock," "Uraemia," "Weakness, or miscarriage as "Puerperal septichuemia," by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause Never report mere (Recommendations mound



should be stated EXACTLY. PHYSKIANS PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIOOWEO 3 SEX 4 COLOR OR RACE OR OIVORCED back of certificate 6 DATE OF BIRTH (Day 7 AGE tf LESS 1 day, .... 8 OCCUPATION plain terms, so that See instructions on (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which emplayed (or employer 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or equatry

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

19466

Registration Dist. No.

It death accorred to

	waru)	a hospital or institution, give its NAME instead of street and number.]
MEDICAL CEI	RTIFICATE OF	DEATH
18 DATE OF GEATH	nou.	72 , 191
	(Month)	(Day) (Year)
17 I HEREBY CERTIF	Y, That I atte	ended deceased from
Now 8 , 191.	Tito nov	^1.2-2-, 191
that I last saw he alive		
and that death occurred or	n the date stat	ted above, at .L.O.gr
The CAUSE OF DEATH * v	vas as follows	5:
4		
acule ne	hhritis	1
·····/		***************************************
	05	
	(Durstion)	yrs. mos. 14
Contributory		
	(Burstian)	yrs
	reolo	
(Signed)		/ C
, 191 (Adde	(88) 6- M. /	market Ind
*State the DISEASE CAUS CAUSES, state (1) MEANS OF SUICIDAL OF HOMICIDAL.	NO DEATH, or, is INJURY; and (2)	n deaths from VIOLENT ) whether ACCIDENTAL,
18 LENGTH OF RESIDENCE (F	OR HOSPITALS, IN	STITUTIONS, TRANSIENT
OR RECENT RESIDENTS)	In the	
af dsethyrsmes		yrsmos
Where was diseass contrasted,		
if not at place of death?		••••••
Former er weuat residence	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
19 PLACE OF BURIAL OR REA	AOVAL I	OATE OF BURIAL
Thompson Your	u /	1-23, 1914
20 UNDERTAKER.	1	M. The LA
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W. Saratoga St., Balto., Request	tng V/ S. No. 1.	mi

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If more blanks are needed, address State Regi

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the is very important, so that the relative healthful-For persons who have no occupation whatever, Locomotive engineer, If retired from The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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BUREAU, V.S.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

1 PLACE OF DEATH

2

[Approved by U. S. Consus and American Public Health Association.]

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spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic cerebrounqualified, is indefinite); Tuberculosis of lungs, meninterm for the same disease. Examples: causing death (the primary affection with respect to time and causation), Statement of Canse of Death-Name, first, the DISEASE pneumonia, Bronchopneumonia ("Pneumonia, using always the same accepted Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. to dctermine definitely. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichuemia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, by railway train-accident; Revolver The contributory (secondary or intercur-Examples: Aecidental drowning; State cause for which Never "Exhaustion," ACCIDENTAL, report mere punon



1 PLACE OF DEATH

County Strchester 19	468	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1/6		
Village or City Combridge (No	- Feshiel	St.; Ward)  [If death occur a hospitat or instit give its NAME is of street and num	itution, Instead	
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED OR DIVORCI OF DIV	9 1880 Oct	(Month) (Day) (HEREBY CERTIFY, That I attended deceased	(Year) (Year) I from	
7 AGE  3 To yrs. mos. 27  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry	If LESS than and that I day,hrs.	death occurred on the date stated above, at least of DEATH * was as follows:	1910	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contr		d	
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State of tountry)  12 MAIDEN NAME OF MOTHER OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 BIRTHPLACE OF MOTHER (State or country)	SUICIDA  16 LENGTH  OR RECL  At place st death Where was d	*State the DISPASE CAUSING DEATE, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place at death yrs mes ds. Slats, yrs mes death where was disease contracted,		
(Informant) Sance Seshion (Address) Cambridge Filed Nov. 17, 1915 Estable	Former or usual resident 19 PLACE PAGE 20 UNDER LEGISTRAR	of Burial or Removal  OF BURIAL OR REMOVAL  ADDRESS  There Stellar city  ga St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Realth Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At sehool or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal nine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, various pursuits ean be known. For persons who have no occupation whatever, The inaterial worked on may form part Architect, Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Rronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meninger to the preumonia of lungs, meninger to the lungs, meninger to the lungs, meninger to the lungs of lungs, meninger to the lungs

cause. mus, on statement of cause of death approved by Committee state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths eough; Chronic valvular heart disease; Chronie interstitud ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septicharmia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ehopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. (name origin; "Caneer" is less definite; avoid use of ," "Old Age," "Shock," "Uracmia," "Weakness." Always qualify all diseases resulting from childby railway train-accident; Revolver The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," mound



should be stated EXACTLY, PHYSICIANS y be properly classified. Exact statement of A PERMANENT RECORD N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACK should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of cortificate. BINDING FOR INK-THIS IS RESERVED PLAINLY, WITH UNFADING MARGIN WRITE · V. S. No. 1.

County Dreluter 19469 (3%)	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cambridge (No	Registration Dist. No.  St.; Ward)  St.; Ward)  Professional Dist. No.  [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colored Single, MARRIED, WIGOWED OR DIVORCED (Wrise the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year)  7 AGE (1 LESS flam 1 day, hrs. 4s. OR min.?	that I last saw h alive on the date stated above, at the CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or John Mark (b) General nature of industry business, or establishment in which employed (or employar)  BIRTHPLACE (State or country)  Mark (State or country)	Contributory Probley Tebralia
10 NAME OF PATHER Secury Former.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)  Listeda fores Corone  (Signed)  Lor. 16, 1918 (Addree)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicioal or Homicidal.
of Mother Casair Dijon Dichers  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) James Links,	JIS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the offering the state of death
(Address) Salem Prd,  15 Filed Par. (1915 ESWOFF)  REGISTRAR  If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL  Careho dy, hed  20 UNDERTAKER  Devis H. Boynen  16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulwrite None. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Anaemia" on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurby carbolic acid-probably "Dropsy," "Exhaustion," Never report mere wound of



BINDING

RESERVED FOR

MARGIN

1 PLACE OF DEATH	STATE OF MARYLAND
1 1/4 Parl - 194(1)	CERTIFICATE OF DEATH
CountyNticherla	Registered No. //8
VIIIage or City Church Ernek	St; Ward) [It death occurred in a hospital or institution,
2 FULL NAME John West	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WE COVER WISOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH ENON & 7 (Month) (Day) (Year)
© DATE OF BIRTH	17 HEREBY CEPTIEV That I attended deceased from
Get 14 1857	19T f, to 191 ,
(Month) (Day) (Year)	that I last saw h slive on I County Miles
t day,hrs.	and that death occurred on the date stated above, at
5 Y yrs. 10 mos. 13 ds. OR min.?	The CAUSE OF DEATH* was as follows:
COCCUPATION (a) Trade, profession, or Farmer particular kind of work	arke Lumpung
(b) General nature of industry, business, or establishment in which employed (or employer)	(Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary)  (Duration) yrs mos ds.
10 NAME OF FATHER John W July high	(Signed) befor barroll, M. D.
OF FATHER	[Address]
OF FATHER (State of country) May lovel  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from FIGURENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
a of MOTHER Comely Toolee	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mary Land	At place In the ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Levin fety hugh	Former or
(Address) Cambrilge and	19 PACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 (Address)	Church Creek elou 28, 1915
Filed M. 27, 1912 - John Jester REGISTRAR	are ald Recharder duch Creek
if more blanks are needed, address State Registrar, 6 I	



[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease of death—Name, first, the disease of death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinological control contr

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (name origin; "Can-State cause for Examples: For vio-



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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Orwood	CERTIFICATE OF DEATH
La company of	Registration Dist. No.
Village or City Cambudge (No. 2 FULL NAME Purull Lu Fil)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Stile Single, Marriel, Marriel, Marriel, Widowed on Divorced (Write the word)	16 DATE OF DEATH NOV- 27, 1915  (Month) (Day) (Year)
© DATE OF BIRTH  (Month) (Day) , 1885  (Month) (Day) , (Year)	that I last saw here alive on 200. 27 , 1915
30 yrs. 3 mos. 26 ds. OR min.?	and that death occurred on the date stated above, at 1.4.4.4.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	Tubrola meningitis.
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mos. d
BIRTHPLACE (State or country) Dorchuster Co Ind	Contributory Secondary (Buralles) vis. ones d
10 NAME OF Thom to Fitzhugh	(Signed) E. E. Wolff, M.
OF FATHER (State or country) or chuster ter - pad	*State the Disrase Causino Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal or Homicidal.
OF MOTHER Jenni / Vally  13 BIRTHPLACE OF MOTHER (State or country) Dovehish W-Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the et desthyrsmesds, State,yrsmesd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INFORMANT) A Lyhugh	Whers wes disase contracted, If not st place at death?  Farmer or  usual residence
(Address) Carmbudge - Mod	Teen Laun Currents nov 29 1915.
Filed how 28, 1915 - Erwing REGISTRAR	20 vadertaker / Laple Cambudge
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oecupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-indeath is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Turnor" for malignant neoplasms); Measles; Whooping "," "Old Age," "Shock," "Uratmia," "Weakness," or miscarriage as "Puerperal septichuemia," Always qualify all diseases resulting from child-State cause for which Never report mere



#### No. và

#### RECORD PERMANENT IS UNFADING INK-THIS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very statement EXACTLY. Exact stated properly classified. pe pinous AGE carefully supplied. may be DEATH in plain terms, so that it m See instructions on back of certificate. pe Item of Information should CAUSE OF important. m ż

3 SEX

TAGE

PARENTS

15

14 THE ABOVE

(Address)

Filed Trov.

DATE OF BIRTH

OCCUPATION (a) Trade, profession, or

particular kind of work.

State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

(b) General nature of industry, business, or establishment in which employed (or employer)

1 PLACE OF DEATH 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS

19472

5 SINGLE, MARRIED, S

(Month)

WIDOWED, ORDIVORCED (Write the word)

(Day

(Year)

If LESS than

t day hrs.

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 119

tex. Ward)	[If death occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]	
MEDICAL CERTIFICATE OF	DEATH 7	
16 DATE OF DEATH NOV.	(Day (Year)	
17 I HEREBY CERTIFY. That I a	()	
, 191, to	, 191	
that I last ssw h alive on		
and that death occurred on the date stated a The CAUSE OF DEATH t was as follows:	DOVE, at	
(Ouration)		
Secondary		
(Signed) 10 14 15 (Address) Blanch  *State the Disease Causing Death, or, i Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	yes Head	
18 LENGTH OF RESIDENCE (FOR HOSPITALS, II OR RECENT RESIDENTS) At place lo the		
Bishopo Head	DATE OF BURIAL	
20 UNDERTAKER	ADDRESS	



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinetasus of lungs, meninges, peritonaeum, etc.,

genital," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,"



STATE OF MARYLAND

1 PLACE OF DEATH

of



[Approved by U. S. Census and American Fublic Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be write Nonc. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm loborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. "Foreman," "Manager," "Fealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Women at home, who are engaged in If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar meumonia. Pronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as mus," "Old Age," "Shoek," "Uraemia," "Weakness," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Huemorrhage," "Inamition," "Marasor misearriage by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Puerperal septichaemia," State cause for which Never report mere "Exhaustion," ACCIDENTAL,



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. 1.		N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTEN Eshould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		m
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Cour	PLACE OF DEATH  Orchister Co . 19474	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6
Villa	ge or City Candridge (No	St.; Ward) [If death occurred in a hospital or institution,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That i attended deceased from
6 DA	TE OF BIRTH  Derix / (Month) (Day) (Year)	that I last saw he walive on 227 10 , 1916,
7 AG	If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 7 m. The CAUSE OF DEATH * was as follows:
wh pn: (p	Trade, profession, or drunewye and ficular kind of work  General nature of industry siness, or establishment in ich empleyed (or employer)  RTHPLACE (State or country)  The description of the control o	Contributory Regression yrs mos. / ds.
RENTS	10 NAME OF FATHER Supply of State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME 7	(Signed) (Sursise) yrs. mes. ds.  (Signed) (Address) (Address) (M. 0.  State the Disrase Causing Dratt, or, in deaths from Violent Causing its (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
14 TH	of Mother Many - Lister.  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
	(Informant) Doublese Harper	Former or usual residence
15 File	(Address) Reconstruction 223.  Nov. 10, 1915 EEWalf REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Local Date of BURIAL  Nov. 12, 1912.  20 UNDERTAKER  ADDRESS  Cauchidge ked,
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing neath Housemaid, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever ete. The material worked on may form part If the oecupation has been changed Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Rronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of tungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably "Puerpenal peritonitis," etc. etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping Struck to determine definitely. birth or misearriage as "Puerperal septichuemio," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronby railway train-accident; Revolver wound of Always qualify all diseases resulting from ehild-The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never "Exhaustion," report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC -7 1915
BUREAU, V.S.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PE	3Every item of information should be carefully supplied. AGE should	should state CAUSE OF DEATH in plain terms, so that it may be p	CONTRACTION IN THE CONTRACT PROPERTY OF SOME
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. arpetal It death accurred in a hospital or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE OR DIVORCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1852 (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 3 21 1 day, hrs. OR min. ? B OCCUPATION
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment to which employed (or employer) Contributory Secondary BIRTHPLACE (State or country) (Signed) PARENTS OF FATHER
(State or country) \*State the DIBEASE CAUSING DRATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At piece OF MOTHER (State or country) of death .....yrs. ....mes Where was disease contracted. at at place of death? Former or usuel residence DATE OF BURIAL Howard Willows East her hufet more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, who receive a definite salary), may be entered as House-wife, Housework, or At Home, and children, not gainfully write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupaof various pursuits can be known. very important, so that the relative healthful-Women at home, who are engaged in Locomolive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. quantum origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Dropsy," (Recommendations Never report mere "Exhaustion,



1 PLACE OF DEATH 19476 County Doscheeles (A)	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Taylor's Slaund,	Registration Dist. No.  St.; Ward)  [If death occurred in a hespital or institution, give its HAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX	MEDICAL CERTIFICATE OF DEATH  16 OATE OF DEATH  (Month) (Day) (Year)
ODATE OF BIRTH  Company Compan	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191, 191, 191
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Drowned at the time of the Summing of the Street Land Constitution of the Contributory (Oursilon) yes mos de
10 NAME OF FATHER Richard & Heward  11 BIRTHPLACE OF FATHER  12 MAIOEN NAME  12 MAIOEN NAME	(Signed) H. H. Dryan J. D. actions Crone M. O. State the Prayan Causes Dryan or in death from Violent Causes, state (1) Verns or interpreted by the Causes, state (1) Verns or interpreted by the Causes of the Caus
OF MOTHER Angil Grook Blades  13 BIRTHPLACE OF MOTHER (State-or equatry) Carisfield And  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the af desth yrs
(Informant)  6/46/Bolumbia are,  (Address)  Filed Dec 22, 1915  Fi	Usual residence  19 PLACE OF BURIAL OR REMOVAL  Snow /fill- Ma Dec 26, 1915  20 UNDERTAKER  Henry W. Lambdin Taylor Sel of.

### 28, perilonaeum, etc., Carcinoma, Sarcona, etc., of. 12, perilonaeum, etc., Carcinoma, Sarcona, etc., of. 12, Caneer" is less definite; avoid use of ush; Chronic valvular neoplasms); Meastes; Whooping throis, etc. 23, perilonaeum, etc., Carcinoma, Sarcona, etc., of. 24, perilonaeum, etc., Carcinoma, Sarcona, etc., of. 25, perilonaeum, etc., Carcinoma, Sarcona, etc., of. 26, perilonaeum, etc., Carcinoma, Sarcona, etc., of. 26, perilonaeum, etc., Carcinoma, Sarcona, etc., of. 27, perilonaeum, etc., Carcinoma, Sarcona, etc., of. 28, perilonaeum, etc., Carcinoma, Sarcona, etc., of. 29, perilonaeum, etc., Carcinoma, Sarcona, etc., of. 29, perilonaeum, etc., of. 20, perilonaeum, etc., of

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surcidate, or momicidate, or as probably such, if impossible state means of injury and quality as accidental, surgical operation was undertaken. For violent praths "PUEHPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puerferal septichremia," eausc. Always qualify all discases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Alarasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), "Atrophy," "Colsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important.

the certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

ite None. yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the pisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in precise specification as Day Indorer, Farm Indorer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Procery; (a) Poreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Archilect, Locomolive engineer, Civil first line will be sufficient, c. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question on is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Cause of Death—Name, first, the diseases causing observed by the primary affection with respect to time and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia,"); Diphtheria "Typhoid pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"); Lobur pneumonia, is indefinite); Tuberculosis of lungs, menindualified, is indefinite); Tuberculosis of lungs, menindualified, is indefinite);

Cour	1 PLACE OF DEATH 19515  nty Parchistic  go or City Cambridge (No. )	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospitat or institution,
	2 FULL NAME Lusie E. Hos	abband give its HAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE   5 SINGLE, MARRIED, MOUNTED OR OLVORCED OR OLVORCED (Write the word)	16 OATE OF DEATH  Nov- (Mooth) (Day) (Year)
6 OA	TE OF BIRTH Aug. 20: 1851	17 I HEREBY CERTIFY, That I attended deceased from
7 AG	(Month) (Day) (Year)	and that death occurred on the date stated above, at !!!!! m
A (8	yrs. 2 mos. 2 3 ds.   OR min.?  CCUPATION  1) Trade, profession, or House Wife	The CAUSE OF DEATH * was as follows:
bu	Office of industry siness, or establishment in ich employed (or employer)	(Qurallon) Lollon mos. ds  Contributory Juligatia Secondary
-	10 NAME OF FATHER and A Which	(Signed) E E Will M. M. D
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DIBEABE CAUSINO DRATH, or, in deaths from VIOLENT CAUSER, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.
PAR	of Mother Mar Jaret Marshall  13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ef deeth yrs. mes. ds. State, yrs. mos. ds
14 TI	(Informant) John M. Mulhird	Where was disease contracted, If net at place of death?  Former or usual residence
15	(Address) Cambridge ms	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
Fill	M 15, 191 ESWUP REGISTRAR	20 UNDERTAKER ADDRESS  Lambridge h.
	If more blacks are ceeded, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. C yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been elianged engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Crocery; (a) Foreman, "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, urespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil cer, Stationary fireman, etc. But in many cases, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tdanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerpenal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurby railway train-accident; Revolver "Senile," etc.), "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," to mond of

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
DEC-7 1915
BUREAU, V.S.

BINDING

MARGIN RESERVED FOR

PLACE OF DEATH	STATE OF MARYLAND
County Drochesler	CERTIFICATE OF DEATH
	Registration Dist. No. // O
Village or City Lurlock (No. 2 FULL NAME Chis. E. G.	St.; Ward)  [If death occion is a hospital or installed by the NAME of street and no
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)
6 DATE OF BIRTH Sept 28 1	914 HEREBY CERTIFY, That I attended decease
	that I last saw h ative on 3 and that death occurred on the date stated above, at 1.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or	
particular kind of work  (b) General nature of lodustry business, or establishment in which employed (or employer)	(Durstlon) yre mos.
particular kind of work  (b) General nature of lodustry business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  10 NAME OF FATHER RULLS Gentless.	(Signed) T. T. (Signed) (Signe
particular kind of work  (b) General nature of lodustry business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  10 NAME OF FATHER RULLS Gentless.	Contributory Premission Secondary (Burstian) prs. mos.
particular kind of work  (b) General nature of lodustry business, or establishment in which employed (or employer)  Particular kind of work  (b) General nature of lodustry business, or establishment in which employed (or employer)  Particular  Particular  (State or country)  10 NAME OF FATHER  Particular  (State or country)  11 BIRTHPLACE OF FATHER (State or country)	(Signed) / 7, Weels (Address) & 21. Marke
particular kind of work  (b) General nature of lodustry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER CSTATER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory  Secondary  (Signed)  191. (Address) & M. Marian  State the Dibrase Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accides Suicidal or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Trador Recent Residents)  At piece in the eldesth yrs. mae. de. State, yrs. mas. Where was disease contracted, if net at piece of death?  Former or

19477



[Approved by -U. S. Census and American Public Health Association.]

precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Never return "Laborer," Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "PUERPERAL septichuemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; ('hronic valvular heart disease; Chronic interstitial to determine definitely. Example: Measles (disease causing death), 29 ds.; Bronnephralis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, railway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never "Atrophy," "Col-"Exhaustion," ACCIDENTAL, report mere ("Con-



BINDING

FOR

RESERVED

MARGIN

County.	Dorchester 18478	STATE OF MARYLAND CERTIFICATE OF DEATH
Village	or City Claring bidge - Chris	Registration Dist. No.  [If death occurred in a hospilal er institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	(ale Golor or RACE 5 SINGLE, MARRIEO, WIOOWEO OR OIVORGEO (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY. That I attended deceased from
	March 5, 1869  (Month) (Day) (Year)	(that I last saw him alive on Nov 5 ,1918,
7 AGE	46 yrs, 8 mos. ds. or min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
partici (b) G busine which	rade, profession, or user were super size of work seemeral nature of lodustry size, or establishment in employed (or employer)	(Duration) yrs. mos. ds.  Contributory Intestin of Perforation Secondary  (Burstlen) yrs. mos. ds.
SENTS	ONAME OF Achara Pinder  BIRTHPLACE OF FATHER (State or country)  Maryland  Malden NAME OF MOTHER OF MOTHER	(Signed) ERW aff  No. 6, 191.5 (Address) Cauchi Aft, Ind  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSEA, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.
N 14 THE	3 BIRTHPLACE OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE  formant)  Ethel  Organ	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mes. ds. Stels, yrs. mee. ds. Where was disease contracted, if not of place of death? Fermer or usual residence
(In	(Address) Thompsons  Nr. 6, 191 5 ERWagg  REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  OATE OF BURIAL  Nov. 7, 1915  20 UNOERTAKER  ALCOMETTE Warfer  Cambridge
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Deuler," etc., -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day luborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemoid, etc. taken to report specifically the occupations of persons is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very in:portant, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephruis, etc. cough; Chronic valvular heort disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee Struck by to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. eause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness," or miscarriage as "PUERPERAL septichaemia," The nature of the injury, as fracture of skull, railway train-accident; Revolver The contributory (secondary or intereur-State cause for which (Recommendations Never report mere "Exhaustion," nound



statement of	county Drichister 19479	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 144
Exact stat	Village or City Jakussy (No, 2 FULL NAME Georgianna	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
The second	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
clas	Frunty Color OR RACE 5 SINGLE, MARRIED, MANNEY  OR DIVORCED  (Write the word)	16 DATE OF DEATH  Month (Day)  (Year)
ay be properly of certificate.	March 1886  (Month) (Day) , 1886	that I last saw h. I alive on
it m back	7 AGE  29 yrs. 8 mos. ds. or min.?	The Cause OF DEATH * was as follows: The Cause OF DEATH * was as follows:
n terms, so that instructions on	(a) Trade, protession, or particular kind of work  (b) General nature of industry business, or establishment in	(Buration) / yrs. 4 mos. — ds.
plain term See instruc	which employed (or employer)  9 BIRTHPLACE (State or country)  Hoohers ville md	Contributory
2 5	10 NAME OF Glorge Warner  11 BIRTHPLACE	(Signed) Vector Santi, M. O W/19, 1915 (Address) family in
F DEA	Distribution of Mother Sofhronia Travers	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
AUSE O	13 BIRTHPLACE OF MOTHER (State or country)  Woohersville md	OR RECENT RESIDENTS) At place In this of deeth
Every item of in should state CA OCCUPATION	(Informant) Perry Johnson	If not at place of death?
Should Should	(Address) Crafe md	Johnson grave for dat braks Nov 20, 1914
m.	Filed Nov 19, 1914 W. J. Cousich Cocal REGISTRAR	A. J. Kirwan Corato ma
Z	If more blanks are needed, address State Registrar.	, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housetaken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee state MEANS OF INJURY and qualify as Accidental, Suicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenelature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "PUERPERAL seplichacmia," mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," Collabse," "Coma," "Convulsions," "Debility" ("Conlabse," "Tollabse," "Convulsions," "Tollabse," "Convulsions," "Tollabse," "Convulsions," "Tollabse," "Convulsions," "Tollabse," "Convulsions," "Convulsio etc., when a definite disease can be accertained as the genital," "Senile," etc.), "Dropsy," symptonis or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important "Heart failure," "Heemorrhage." "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meusles; Whooping Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which (Recommendations Never report mere "Exhaustion," nound



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is usery important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen

### V. S. No. 1.

### 19480

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

CL.	185()

[it death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ale Whee (Write the word)	16 DATE OF DEATH 2, 1915 (Month) (Day (Year)
TE OF BIRTH	I HEREBY CERTIFY, That I attended decessed from
(Month) (Day (Year)	that I last saw harmalive on 27 1915.
(Month) (Day (Year)	
5 4 yrs 10 ds 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows:
ade, protession, or protession, or protession and protession or work protession and protession a	
al nature of Industry, or establishment in	(Duration) yrs mos 2 ds.
ployed (or employer)	Contributory
Lary chester County	Secondary
AME OF TATHER Julyan & Jones!	(Signed) (Soration) yrs mos ds.
HPLACE ATHER te or country)	*State the DISEASE CAUSING DEATH of in doothe from Vine
MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PLACE OF A STAINS	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
MOTHER ate or country) Docchester (1).	At place In the of death yrs. mos, ds. State yrs, mos, ds
IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
nanche Jones.	Former or usual residence
Bishopo Head.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0.00	Bishono Head, Nov. 28 1015.
28,191 5 480 HH Hilly	20 UNDERTAKER ADDRESS
REGISTRAR	1 / 1 be in the second



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measies (disease causing death), 29 ds.; (secondary or intercurrent)





[Approved by U. S. Census and American Public Health Association.]

mobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwrite None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in But in many eases, If retired from

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SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . under the head of "Contributory." and eonsequences (e. g., scpsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. on statement of cause of death approved by Committee head-homicide; Poisoned by birth or miscarriage as "Puerperal septichaemia," on Nomenclature of the American Medical Association.) by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," carbolic acid—probably State cause for which Never report mere (Recommendations "Exhaustion,"



S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH





### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 19

C+.	Ward

[If death occurred in a hospital or Institution, give its NAME instead of street and number.

Mouth Mouth (Day) (Mouth) (Day) (Day) (Mouth) (Mouth	
MARRIED, Widoweb, Grover, Considered (Write the word)  6 DATE OF BIRTH  MOS. MS. MS. MS. MS. MS. MS. MS. MS. MS. M	
** AGE ** If LESS than and that death occurred on the date stated above, at 4.3. The CAUSE OF DEATH* was as follows:  ** OCCUPATION** (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  ** BIRTHPLACE** (State or country)**  ** OCCUPATION**  ** OCCUPATION**	Year)
(Mouth) (Day) (Year)  TAGE  (Mouth) (Day) (Year)  If LESS than 1 day, hrs. ds. OR 3 min.?  CCCUPATION (a) Irade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Contributory (Secondary)  Contributory (Secondary)  Contributory (Secondary)	
If LESS than 1 day, hrs. yrs. mos. ds. OR 3 min.?  Coccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Contributory (Secondary)  (Buration)  yrs. mos.	
1 day, hrs.  OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Aureful day, hrs.  The CAUSE OF DEATH* was as follows:  (Buration)  (Buration)  (Buration)  (Contributory (Secondary)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Contributory (Secondary)	, 1915
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Contributory (Secondary)  The CAUSE OF DEATH* was as follows:  (Duration)  yrs. mos.	31. m
OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Annahuter beath 322  Contributory (Secondary)  (Duration) yrs. mos.	
Contributory  State or country)  Sarahute & ba had  (Duration)  (Duration)  (Duration)  State or country)  Contributory  (Secondary)	cep.
particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Contributory (Secondary)  (Duration)  yrs. mos.	
business, or establishment in which employed (or employer)  PEIRTHPLACE (State or country)  Aurehate & had (Duration) yrs. mos.	
which employed (or employer)  BIRTHPLACE (State or country)  Sarchuter, ba hid (Duration) yrs	
(State or country) Sarchester ba hed (Secondary)  (Duration) yrs. mos.	ds
Darshuter ba hid (Duration)yrsmos.	
	ds
FATHER Rabert A Jones (Signed)	, M. D
2 11 BIRTHPLACE OF FATHER (State or country) Beshap Load hid.  *State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJERY: and (2) whether	
12 MAIDEN NAME OF MOTHER	CCIDEN-
a Sengra Murgala 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAIS OR RECENT RESIDENTS)	NSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  Mungali hed, of death yrs mos ds. State yrs mos.	ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Where was disease contracted, If not at place of death?	
(Informant) Grande State	***********
(Address) Boskofi Head ) 11 PLACE OF BURIAL OR REMOVAL DATE OF BURI	AL
THE MONITOR STATE PROPERTY ADDRESS	., 191.2.
1180	0
REGISTRAR TRY Member of Family Dishops H.	ead 9



[Approved by U. S. Census and American Public Health Association.]

acation, as Day laborer, Farm laborer, Laborer ('oal duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinospinal cause of lungs, meninges, peritonaeum,

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Turremeal schilchae cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thebia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencla ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart fallure," "Haemorrhage," "Inanityn," "Maras. "Coilapse." "Coma," mere symptoms or terminal conditions, such as "As Bronchonncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . "Contributory." The contributory (secondary or intercurrent) "Senile." etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," \_ (name origin; "Can death), 29 ds.: State cause for Examples: 00



RESERVED

ment of	County Dorchester 19483	STATE OF MARYLAND CERTIFICATE OF DEATH
Exact state	Village or City airey Pho	Registration Dist. No.  St.; Ward)  [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
fied	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated E ly classi e.	Female While Single, MARRIEO, WIOOWEO OR OIVORCEO (Write the word)	16 DATE OF OEATH  (Month) (Day) (Year)
ould be si be properly certificate	Movember 5, 1910 (Month) (Day), 1910	that I last saw her alive on Tel. 13 , 1916.
AGE sh	7 AGE tr LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
ain terms, so the	(a) Trade, profession, or particular kind of work.  (b) General nature of todustry business, or establishment in which ompleyed (or employer).  BIRTHPLACE (State or country)  May Canual	Contributory Secondary
se of DEATH in playery important. See	10 NAME OF FATHER Danie C. Lowe  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER COMMAS. Phillips  13 BIRTHPLACE	(Signad)  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
CAUS CAUS ON 18	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE  (Informant) Auril C. Louie	si desth yrs. mes. ds. Stata, yrs. mos. ds.  Where was disease contracted, if not at place of desth?  Former or usuet restdancs
N. B.—Every Item o should state OCCUPATIO	(Address) areys 7/14  Filed Nr. 2, 1915 ERWolf REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Nor. 2 1915  20 UNDERTAKER  Llowitte Harfur Oundridge  16 W Sanders St. Polito Proposition V. S. No. 1
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septicharmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, ehopncumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated Struck etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness," by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State eause for which Never report mere "Exhaustion," wound of

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DEC -7 1915 BURBAU, V.S. RECORD

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[Approved by U. 8. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," many occupations a single word or term on the is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, Locomolive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-inqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal seplichuemio," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Wheoping by Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull railwoy train-accident; Revolver State cause Never report mere "Exhaustion," wound of

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BUREAU, V.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

c	PLACE OF DEATH OUNTY Smellester  19485	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. //6
v	illage or City Camberdy No. Ceder	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Sulle Write the word Sulle	16 DATE OF DEATH / Worth (Day) (Year)
on back of certifi	AGE  AGE  OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry  (Write the word) Suffer (Write the word) Suff	that I last saw h Ma alive on Nor // 1915, and that death occurred on the date stated above, at 7 m.  The CAUSE OF DEATH * was as follows:
ee Instructions	business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Fleis in aericantial Sac Secondary  (Duration) yrs mos 7 ds.  Contributory Fleis in aericantial Sac mos ds.
portant. S	10 NAME OF FATHER Dank Rown  11 BIRTHPLACE OF FATHER (State or country) Dank Prince  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) Enclose (M. 0.  Mr. 1, 1915 (Address) Or Orice + Codar  *State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
ON Is very in	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placa in tha of death
OCCUPATI	(Address) Confirmatige med	19 PLACE OF BURIAL OR BEMOVAL LIFT OATE OF BURIAL  Cally have mov 12, 1915  20 UNDERTAKER  Level H Bayne Camberdy
		nd



[Approved by U. S. Census and American Public Realth Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Serront, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers previse specification as Day laborer, Form laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grovery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planler, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful--Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, ecr, Stationary fireman, etc. But in many For persons who have no occupation whatever But in many cases, If retired from The question

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL "Puerperal peritonitis," etc. birth or misearringer as "Puerperal septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uramia," "Weakness, rent) affection need not be stated unless in portant. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inamition," "Maras-"Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10, ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valuator heart disease; Chronic increditial "Tumor" for malignant neoplasms); Measles, Whooping by railway troin—occident; Revolver The nature of the injury, as fracture of skull, The contributory (secondary or intercuris less definite; avoid use of State cause for which Never report mere (Recommendations to munou

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BURLLAU

nent of	County Or Chester 19486	STATE OF MARYLAND CERTIFICATE OF DEATH
Exact staten	Village or Cit ou Sidge (No SO)	Registration Dist. No.  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
ed.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
classi	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED WIOOWED	16 DATE OF OEATH Now 28, 1900 (Month) (Day) (Year)
roperly ificate.	S DATE OF BIRTH	HEREBY CERTIFY That Lattended deceased from
ay be pi	(Month) (Day) (Year)	that I hast saw h 2 alive on 10 23 , 19 No
at it m	yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
ctions or	(a) Trade, profession, or particular kind of work  (b) General nature of Industry business, or establishment in	Carcuona Vomich
in term	9 BIRTHPLACE (State or country)	contributory Secondary
in pie	10 NAME OF CHESTEROWN	(Signed) (Signed) (Signed) (Signed)
DEATH	U 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) WHICHE A CIDENTAL, SUICIDAL OF HOMICIDAL
SE OF very in	OF MOTHER CLERKE OF THE 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place
CAUS ON IS	(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mea. da. State, yrs. mos. da.  Where was diamas contracted, the not at place of death?
d state	(Informant) & 3 State Haft Recurse.	Former or usual residence Marion Students Sources to Md
shoul	(Address) Cambriage 124	Granin Station, Red Nov. 24, 1015
	Filed Jrv. 2 SBWIFT REGISTRAR	20 UNDERTAKER  Langle & Horger Coulsidge Made  16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	it more plants are needed, andress place Registrar,	TO TO DECAMOE DESCRIPTION TO THE TO THE TO THE TO THE TO THE TO THE TOTAL TH



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be only when needed. As examples: is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal minc, etc. Compositor, Architect, For persons who have no occupation whatever, Stotionary fireman, etc. Women at home, who are engaged in Locomotive engineer, ('inl (a) Spinner, (b) Cotton But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubcrculosis of lungs, menin-

on statement of cause of death approved by Committee mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-on Nonenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, hcad-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Turnor" for malignant neoplasms); Measles; Whooping by roilway troin-accident; Revolver The contributory (secondary or intercur-Never report mere mound



V. S. No. 1.

1 PLACE OF DEATH

Cour	PLACE OF DEATH  19487	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. // C
Villa	ge or City Cambridge (No. 119, 1) 2 FULL NAME Therman E.	Coffine St; Ward)  [If death occurred a hospital or institution give its NAME instead of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male Thite   5 SINGLE, MARRIED, Child WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Nov. 6 (Month) (Day) (Yes
	June 12 m , 1907 (Month) (Day) (Year)	that I last saw Historia alive on
7 AG		and that death occurred on the date stated above, at $2$ $A$ .  The CAUSE OF DEATH $*$ was as follows:
/ (b	) Ligheral Dature of Industry	***************************************
bu	O) General nature of lodustry siness, or establishment in lich emplayed (or employer)  IRTHPLACE (State or country)	Contributory Patto - Ducar Secondary
bu wh	siness, or establishment in ich emplayed (or employer)	Contributory Patto - Decension Secondary  (Burallea) Tro. mos.  (Signed) Esways.
S E	Inthe emplayed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER Thomas & Moore  11 BIRTHPLACE OF FATHER (State or country) Mary Land  12 MAIDEN NAME	Contributory Potts - Decer Secondary  (Buralisa) pro mos.  (Signed) Esweyy.  Wr. 6 1812 (Address) Combide Mrs.
PARENTS B	IRTHPLACE (State or country)  10 NAME OF FATHER Thomas & Moore  11 BIRTHPLACE	Contributory Patts - Description of Secondary  (Signed)  State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS)  Al place in the ef deeth pre. mes. ds. State, yre, moe.
PARENTS B	Siness, or establishment in hich employed (or employer)  IRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country) Mary Land  12 MAIDEN NAME OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country) Mary Land  14 MAIDEN NAME OF MOTHER  (State or country) Mary Land  15 BIRTHPLACE OF MOTHER  (State or country) Mary Land	Contributory Secondary  (Signed)  (Signed)  State the DIBEASE CAUSINO DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) Al place In the state of death pre



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil cugineer, Stationary freman, etc. But in many cases, precise specification as Day laborer, Farm laborer, Laborer business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

surgical operation was undertaken. For violent deaths on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitud ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of........... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, Idanus) may be stated to determine definitely. "PUERPERAL perilonilis," etc. birth or miscarriage cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephruis, etc. "Tumor" for malignant peoplasms); Measles; Whooping Struck by railway The contributory (secondary or intercurtrain-accident; Revolver wound as "PUERPERAL septichaemia," Examples: Accidental drowning; State cause for which Never report mere



V. S. No. 1.

Coun	place of Death 19488  by Darcheslin	STATE OF MARYLAND CERTIFICATE OF DEATH		
Villag	ge or City bassaling on (No. 244)	Registration Dist. No.    Cace St.; Ward   [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE)	4 COLOR OR RACE   5 SINGLE, MARRIED, Childe Wildowed OR DIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from		
	(Month) (Day) (Year)	that I last saw h serelive on ATT // the 1915		
7 AGI		and that death occurred on the date stated above, at the cause of DEATH * was as follows:		
par (b) bus whi	GUPATION ) Trade, profession, or iticular kind of work ) General nature of todustry cliness, or establishment in ch empleyed (or employer)  RTHPLACE (State or country)	(Burstlen)		
PARENTS	10 NAME OF FATHER A Muller  11 BIRTHPLACE OF FATHER (State or country) I ashington A lo.  12 MAIDEN NAME OF MOTHER Kalie A Kaizer  13 BIRTHPLACE	(Signed)  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piece in the		
	OF MOTHER (State or country) Manfaul HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	ef desth yrs. mes. ds. State, yrs. mes. ds.  Where was diseese contracted,  If not at place of desth?  Former or  woust residence		
15 File	(Address) Samhrid ogs Ma Mar 13, 1915 SEWSEFF REGISTRAP  If more blanks are needed, address State Registrar,	Date of Burial OR REMOVAL  Laurheid gr. 20 UNDERTAKER  ADDRESS Combridge Mar.  16 W. Saratoga St., Balto, Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health Associution.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." and eonsequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerperal peritonitis," etc. birth or miscarriage as "Puerperal seplichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shoek," "Uraemia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercur-10 ds. "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion,"



19489 1 PLACE OF DEATH STATE OF MARYLAND 10 SICIAN Exact statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hespital or institution. give its NAME Instead EXACTLY. of street and number. 7 RECORD classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 stated MARRIED, WIDOWED OR DIVORCED (Write the word) (Month) properly certificate I HEREBY CERTIFY, That I attended deceased from pe alive on TAGE It LESS than of may AGE 1 day, Thrs. back The CAUSE OF DEATH # was as follows: OR 77 min. ? that uo B OCCUPATION supplied (a) Trade, profession, or instructions particular kind of work. 20 (b) General nature of Industry business, or establishment in (Burstion) yis. term carefully which employed (or employer) Contributory Secondary 9 BIRTHPLACE (State or country) ain 10 NAME OF Φ FATHER à E (Signed) pino Important. I (Address) BIRTHPLACE Z OF FATHER \*State the DISTASE CAUSINO DEATH, or, in deaths from VIOLENT 4 (State or country) CAUSES, state (1) Iwans of Injury; and (2) whether Accidental, W SUICIDAL OF HOMICIDAL 0 Œ 12 MAIDEN NAME b. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 W 13 BIRTHPLACE S At piace of infor OF MOTHER WRITE of death .......yrs. .....mes. ......da. State, ......yrs. .....mes. 5 (State or country 4 Where was disease centracted. PATION Ü if not at place of death?..... state item usual rasidence should OCCUP 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS m Z If more blanks are needed, address State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.



on Nomenelature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; suicidal, or homicidal, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or misearringe as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," ete.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatie), "Atrophy," "Colsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report incre Example: Measles (disoase causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercur cough; Chronic valeular heart disease; Chronic interstitlat "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, ete., Carcinoma, Sarcoma, etc., of.

If the certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the ecertificate is permaneutly filed.

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Cool mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Gause of Death—Name, first, the disease causing primary affection with respect to time and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); notation of the same statements.");



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RECORD

1 PLACE OF DEATH STATE OF MARYLAND 19490 CERTIFICATE OF DEATH Registration Dist. No. 119 [If death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR-OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED;" ORDIVERCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH alive on ..... (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at ..... 1 day,....hrs. The CAUSE OF DEATH \* was as follows: ..... zom OR ..... min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory. (State or country) Secondary (Duration) yrs mos. 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country At place of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ #\$ 14 THE ABOVE IS TR Where was disease contracted. If not at place of death?... Former or usuat residence. 15 30 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

4.5

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. Never material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causius death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; \*Can-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urdemia," "Weakness," thenia," "Anaemia" (merely symmomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Deblity", ("Con-Bronchopneumonia (secondary), 40 de Never report mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," ctc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for mallg-(Recommendations on statement of "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	County Orchestry 19491  Village or Chylland Island (No. 2 FULL NAME LEAK Chura C	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
o l	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OBOTO MEDICAL Write the word)	16 DATE OF DEATH MONTH 25 (Day 1915 (Fear)
back of certificat	TAGE  Yrs.  GDATE OF BIRTH  (Month)  (Day)	that I last saw he alive on the date stated above, at the CAUSE OF DEATH was as follows:
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mportant. See	10 NAME OF FATHER MALKAGE JUSTIAN STATES OF FATHER OF FATHER State or country) Maryland  12 Malpen American Justian States of Country Maryland  12 Malpen American Justian States of Country Maryland  13 Malpen American Justian States of Country Maryland  14 Malpen American States of Country Maryland  15 Malpen American States of Country Maryland  16 Malpen American States of Country Maryland  17 Malpen American States of Country Maryland  18 Malpen American States of Country Maryland  19 Malpen American States of Country Maryland  10 NAME OF FATHER Malpen States of Country Maryland  10 NAME OF FATHER Malpen States of Country Maryland  11 BIRTHPLACE OF FATHER OF FATHER MARYLAND  12 Malpen States of Country Maryland  13 Malpen States of Country Maryland  14 Malpen States of Country Maryland  15 Malpen States of Country Maryland  16 Malpen States of Country Maryland  17 Malpen States of Country Maryland  18 Malpen States of Country Maryland  19 Malpen States of Country Maryland  19 Malpen States of Country Maryland  19 Malpen States of Country Maryland  10 Malpen States of Country Maryland  11 Malpen States of Country Maryland  12 Malpen States of Country Maryland  13 Malpen States of Country Maryland  14 Malpen States of Country Maryland  15 Malpen States of Country Maryland  16 Malpen States of Country Maryland  17 Malpen States of Country Maryland  18 Malpen States of Country Ma	(Signed) Duration) yrs. mos. ds.  (Signed) Duration) yrs. mos. ds.  (Signed) M. D.  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
is very	13 BIRTHPLACE SHARE STAND STAND	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At glace In the el death yrs
CCUPATION	(Address) Hulland Slaw MU	If not at place of death?  Former or  usual residence  TO PLACE OF BURIAL OR REMOVAL  Adula Os Slaw W
	Filed MV. 2.7, 1915 A A STATE REGISTRAR!  If more blanks are needed, address State Registrar, 1	Detered by relatives Holland flaw  16 W. Saratoga St., Bilto, Requesting V. S. J. Lirebette & Johnson by Of Webster & Johnson

DATE 12-17-

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many write None. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be of the second statement. mobile factory. The material worked on may form part business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in Never return "Laborer," But in many cases, If retired from

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cerebrotime and causation), using always the same accepted causing death (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Lobar pneumonia. Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal

> on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tdanus) may be stated SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anacmia" (inerely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. ges, peritonaeum, etc., Carcinoma, Sarconia, etc., of........ (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by Struck by railway train-accident; Revolver "PUERPERAL perilonitis," etc. buth or miscarriage as cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-"PUERPERAL septichaemia," "Dropsy," "Exhaustion," carbolic acid-probably State eause for which "Atrophy," "Col-(Recommendations mound. ("Con-

If the certificate is looked over thoroughly and all questions answered in Actiff (will beyond that the correspondence. All the data is essential and must be obtained before the certificate is permanently pled 5 1916

BUREAU, V.S.

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7 AGE	yrs		If LESS than 1 day, hrs. OR mls.?		th occurred on the date OF DEATH * was as fo	e stated above, at
(b) General business, a	profession, or kind of work	mon Gradi		Contribute	ory Don't Ku	)n) yrs. mos. de.
S 11 BIF	RTHPLACE FFATHER State or country) ALOEN NAME	Printer		State CAUSES, sta SUICIDAL OF	, 191 (Address) & Zi the Disease Causing Drate	M. 0.  M. 0.  M. 1.  M.
13 BI	OF MOTHER Dury hobray  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death ye. mass. de. Stete, yes. moe. de, Where was disease contrasted, K not at place of death?		
16	idress) Phrel	udail	mil	19 PLACE OF E  20 UNDERTAK	BURIAL OR REMOVAL	OATE OF BURIAL
	,		REGISTRAR State Registrar.	Zhys. 16 W. Saratoga St	., Balto., Requesting V. S. N	10. 1. Til



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, various pursuits can be known. For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichuemia," mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping etc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere nound



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Cour	PLACE OF DEATH 19493	(44)
Villa	be or City Sederals brung (No.	
	2 FULL NAME Hilda Bryan	Pusey
	PERSONAL AND STATISTICAL PARTICULARS	MED
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DA	TE OF BIRTH	17 I HEREB
	(Month) (Day) If IFSS than	that I last saw h
7 AG	The Lead (1941)	and that death o
	yrs mos ds.   1 day,hrs.   ORmin. ?	The CAUSE OF D
8 80	CCUPATION () Trade, profession, or	(1)/2
<b>V</b> pai	rticular kind of work ) General nature of lodustry	······································
bus	siness, or establishment in ich employed (or employer)	**************************************
	RTHPLACE (State or country) Maryland	Contributory .
	10 NAME OF Williams D. Pusey,	(Signed)
STA	11 BIRTHPLACE OF FATHER (State or country)	State the D
PARENT	12 MAIDEN NAME Surdia A Jones	CAUSES, state (1) SUICIDAL OF HOMI 18 LENGTH OF RES
	13 BIRTHPLACE OF MOTHER (State or country)  Waryland	OR RECENT RESIO
	(Informant) MAS	Where was disease control  If not at place of death  Former or  usual residence
15	(Address) Flederals Pring, Mid. #	19 PLACE OF BURIL
File	10 Nev 22' 1915 Notest & Hastings	20 UNDERTAKER

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 110

devals Pring (No.		[If death occurred in
ME Hilda Bryan	Pusey	a hospital or institution, give its NAME instead of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
LOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED Write the word)	16 DATE OF DEATH WOV 2	(Day) , 1915 (Year)
(Month) (Day) , 1 (Pear) (Month) (Day) If LESS than 1 day, hrs. OR min. ?	that I last saw have alive on and that death occurred on the date state The CAUSE OF DEATH * was as follows:	2 , 1912
houe, .	Wacres J. Jan	
Maryland, Dielian G. Rusey,	(Signed)  State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and (2) Suicipal or Homicipal.	yre mos of di
E Lydia A. Jones  try) Maryland,  E TO THE BEST OF MY KNOWLEDGE  N. A. Puser	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS) At place In the	
ederals burg And #1	Sederal String dud, As	TE OF BURIAL
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balta, Requesting V. S. No. 1.	develstring
	The state of the s	1 4 5 4 7

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[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Fealer," etc., without more know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used mobile factory. The material werked on may form part employed, as At school or At home. Care should he business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from Statement of Occupation-Precise statement of occupamill; (a) Salesman, (b) Croccry; (a) Foreman, Housemaid, etc. write None.

Statement of Gause of Death—Name, first, the Disease caysing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on statement of cause of death approved by Committee genital," "Senile," etc.), "Dropsy," "Exhaustion," mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-"PUBRPERAL perilonitis," etc. State cause for which surgical operation was undertaken. For violent Deaths head-homicide; Poisoned by carbolic acid-probably and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (discase causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Heart failure," "Haemorrhage," "Inanition," "Marasstate MEANS OF INJURY and qualify as ACCIDENTAL, suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) as "Puerperal septichuemia," Struck by railway train-accident; Revolver wound "Atrophy," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" birth or miscarriage nephritis, etc.



REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

ADDRESS

MEDICAL CERTIFICATE OF 16 DATE OF DEATH (Dav) (Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 530 7m. The CAUSE OF DEATH \* was as follows: Secondary \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCUMENTAL, LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Where wee disease contracted,

V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physition is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Locomolive engineer, Civil If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck mus, on Nomenclature of the American Medical Association.) on statement of eause of death approved by Conmittee and consequences (e. g., scpsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths ete., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiol ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid use of to determine definitely. "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (increly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. The contributory (secondary or intercur-"Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness, or miscarriage as "Puerperal septichaemia," by Always qualify all diseases resulting from childrailway train-accident; Revolver wound Examples: Accidental drowning; State cause for which Never report mere "Atrophy," "Col-"Exhaustion,"

If the certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC -7 1915
BUREAU, V.S.

certificate.

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OCCUPATION IS

County Triches to	CE
Dupont malerguly Hospu	af
Village or City Larch of ge hood	1

Registration Dist. No.

...Ward)

fif death occurred in a hospital or lostitution, give its NAME instead of street and nomber. ]

2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. 191-WIDOWED. (Month) (Year) Write the word (Day HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 896 (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory // Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE

OF MOTHER (State or country)

REGISTRAR

Where was disease contracted. If not at place of death;

DATE OF BURIAL

UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place

usual residence

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," The

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "Fuerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of ...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," ture of the American Mcdieal Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles "Senilc," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; (seeondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC-7 1915 BUREAU, V.S.

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 15 WRITE PLAINLY, WITH UNFADING INK-THIS 1 ż

	PLACE OF DEATH 19496	STATE OF MARYLAND
Co	borluck	CERTIFICATE OF DEATH
Co	Unity	Registration Dist, No. 116
Vil	liage or City (No, _	St.; Ward) [If death occurred is a hospital or institution,
		give its NAME instead of street and nomber.]
_	FULL NAME WHY WILL	d - oug. Not
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	EX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH 11- 0 Frother 1015
	Truck Black WIDOWED (Write the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	17 HEREBY CERTIFY. That I attended deceased from
	mr - 8 19831	191 191 191 191 191 191 191 191 191 191
_	(Month) (Day (Year)	that I last saw harmaslive on
TA	0 1	and that death occurred on the date stated above, atm
	Stell Gon 1 day, hrs.	The CAUSE OF DEATH* was as follows:
80	CCUPATION	120
6 pa	) Trade, profession, or articular kind of work	Lul bone
(b)	) General nature of indostry, siness, or establishment in	
wh	ich employed (or employer)	——————————————————————————————————————
9 B	IRTHPLACE (State or country)	Secondary
-	10 NAME OF	(Duration) yrs mos ds.
	FATHER Lange Mulen	(Signed) Share M. D.
TS	11 BIRTHPLACE	1 1 8 + , 1915 (Address) Cambridge he
ARENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
AR	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
-	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) them Ros	Former or
	0 10	osnal residence
	(Address) Could no	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	2-10 :581, Jall	20 UNDERTAKER ADDRESS
Fil	led 1918 C C C A A	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women, at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: inus," "Old Age," "Shock," "Uracmla," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and eonsequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," incre symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaccte., when a definite disease ean be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conoma, Sarcoma, cte, of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC -7 1915 BURBAUN.

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PHYSICIANS should state of OCCUPATION is very Exact statement WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT stated EXACTLY. properly classified. ACE should be carefully supplied. of information should be c DEATH in plain terms, so See instructions on back of CAUSE OF important.

RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 115

-Ward)

fif death occurred in a hospital or institutioe, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Tweenber 20th, 1915 (Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from
Tworember 20 th, 1915 (Month) (Day year)	that-1 lest sew h alive on 191
7 AGE II LESS than 1 day, O hrs. OR O min. ?	and that desth occurred on the date stated above, at 7-7-m.  The CAUSE OF DEATH* was as follows:  Abortion of about 2 worths
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	
business, or establishment in which amployed (or amployer)	(Duration)mosds.
9 BIRTHPLACE (State or country)  Dorchester County - Maralana	Contributory Secondary (Buratian) yes man de
10 NAME OF FATHER Samuel L. Ross	(Signed) Total Francisco (Signed) Total Francisco (Signed) No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
11 BIRTHPLACE OF FATHER  A State of Country  12 Mail Don NAME OF MOTHER  OTHER  OF MOTHER  OTHER  OF MOTHER  OF MOTHER  OTHER  OTHER	*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER COUNTY - Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the ot death yrs, mos, ds. Slate yrs, mos, ds
(Interment) Samuel A. Russ	Where was disease contracted, It not at place of death?————————————————————————————————————
(Address) Gropers ville, Jud.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed hor. 2/ st. 1915 To Al Houston, My	20 UNBERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No./1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haeworrhage," "Inamition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," Measles (disease causing death), 29 ds.; (Recommendatious on statement of (secondary or intercurrent)



County Directuster (1)	CERTIFICATE OF DEATH
Fillage or City Cambridge (No. 110, 1)	Registration Dist. No. //6  **Lish St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Timale Thite WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH Av. 22 , 1915 (Month) (Day) (Year)
AGE  ATE OF BIRTH  ALG (9 in 190)  (Mopth) (Day) (Year)  AGE	that I last saw h alive on 1915, and that death occurred on the date stated above, at 3 m.
14 yrs. 3 mos. 3 ds. OR min.?	The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of lodustry business, or establishment in which employed (or employer)  Parthplace (State or country)  Many Land	Contributory Secondary  Secondary  The (Buretise)  Secondary  Secondary  Secondary  Secondary
11 BIRTHPLACE OF FATHER (State or country) Many Land 12 MAIDEN NAME OF MOTHER OF MOTHER  Ada Trungate	(Signed)
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the of deeth yrs
(Informant) & Carence D. Sewell	Farmer or neuel residence
(Address) Casulridge Ind.  Filed In . 2 3 , 191 5 Sulff REGISTRAR  If more blanks are needed, address State Registrar, 10	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  W. Saratoga St. Balto. Requesting V. S. No. 1
ii more blanks are needed, address State Registrar, 10	w. Darawga Du., Dato., Requesting v. D. 140. 1.

10100

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, cian, Compositor, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various, pursuits can be known. The question business or industry, and therefore an additional line -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever very important, so that the relative healthful-If the occupation has been changed Architect, Locomotive engineer, Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. rent) affection need not be stated unless important. suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal "Old Age," "Shock," "Uracmia," "Weakness," (secondary), 10 ds. "Dropsy," "Exhaustion," State cause for which Never report mere septichaemia,"



N.B.

Village or City Dambing (No. 110   Millis St.; Ward)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX	County Dorchesler	STATE OF MARYLAND CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  *COLOR OR RACE  *COLOR OR RACE  SELINCIE  *COLOR OR DEATH  *C		
SEX  **COLOR OR RACE   SINGLE MARRIVED OF BUILD	Some of the state of the	a hospital or institution,
MARIED WIDOWERSED (Month) (Day) (Year)  TAGE COATE OF BIRTH  TAGE    If LESS than   16 mile   19	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OATE OF BIRTH  PAGE  (Nonth)  (Day)  (Nonth)  (Day)  (Nonth)  (Day)  (Nonth)  (Day)  (Nonth)  (Day)  (Nonth)  (Day)  (Nonth)  (Nonth)  (Nonth)  (Day)  (Nonth)  (Nonth)  (Day)  (Nonth)  (Nonth)	MARRIED, Child	(Month) (Day) (Year)
The CAUSE OF DEATH * was as follows:    The CAUSE OF DEATH * was as follows:	GOATE OF BIRTH  GOODS  (Month)  (Day)  (Year)  7 AGE	that I last saw h alive on 15 1915
(Signed)  (Signe	9 DCCUPATION (a) Trade, profession, or	The CAUSE OF DEATH * was as follows:
10 NAME OF FATHER Clarence De Sewell  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Burailea)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)	(b) General nature of industry business, or establishment in which employed (or employer)	Contributory
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (	10 NAME OF Clarence D. Sewell	(Signed) The Mass., M. (Market) Mass., M. (Market) Mass., M. (Market) Market (1) Means of Injury; and (2) whether Accidental,
(Intermant) Carence D. Sewell  (Address) Cambridge Md  (Address) Cambridge Md  15 Cambridge Md  16 Dan 17, 1915 Sawage  20 UNDERTAKER.  ADDRESS	13 BIRTHPLACE OF MOTHER	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)  At place in the ef desth
16 Mm. 17, 1915 ESWOLLS CONNERTAKERY. ADORESS	14	If not at place of deeth?
If more blanks are needed address State Registrar 16 W. Seratogs St. Balto, Requesting V. S. No. 1.	Filed Mrs. 17, 1915 ESWAYS REGISTRAR	Cambridge Mid, For 19th, 1915. 20 UNDERTAKER! ADORESS H. H. Hillis TBrs. Cambridge Mid



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully --Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, ctc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, taken to report specifically the occupations of persons of the second statement. mobile factory. is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., scpsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiol ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of suicide. The nature of the injury, as fracture of skull, Struck by railway train—accident; Revolver wound of "PUERPERAL perilonilis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping "Senile," etc.), as "Puerperal septichaemia, "Dropsy," State cause for which Never (Recommendations "Exhaustion, report mere important.



cause. Always qualify all diseases resulting from childetc., when a definite discase can be accertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," ete.), "Lropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), "Atrophy," "Coleymptoms or terminal conditions, such as "Asthema," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 23 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvulur heart disease; Chronid interstitial "Tumor" for malignant neoplasms); Measles, Whooping Iname crigin; "Cancer" is less definite; avoid use of ges, perilonaeum, ele., Carcinoma, Sarcoma, ele., pl.

It the ecriticate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

on Nomenclature of the American Medical Association.)

on statement of cause of death approved by Committee

under the head of "Contributory." (Recommendations

and consequences (e. g., sepsis, tetanus) may be stated

suicide. The nature of the injury, as fracture of skull,

head-homicide; Poisoned by carbolic acid-probably

to determine definitely. Examples: Accidental drouming; Struck by railingy train—accident; Revolver wound of

suicipal, or momicipal, or as probably such, if impossible

state means of injuny and qualify as accidental,

surgical operation was undertaken. For violent deaths

"PUERPERAL peritonitis," etc. State cause for which

birth or miscarriage as "PUERPERAL septichaemia,"

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. If retired from or given up on aecount of the disease causing deathl, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninmunqualified, is indefinite);

	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACT should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. 'See instructions on back of certificate.
	WITH UNFA	buid be care TH in plain ant. See in
	PLAINLY,	rmation share of OF DEA
	WRITE	ery item of info
V. S. No. 1.		N. B.—Eve

county Darchisler 19501	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1/6
Village or City Lindervied (No. , 2 FULL NAME Carlline B. J.	St.; Ward)  [If death occurred in a hospital er institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
7 AGE  (Month)  (Day)  (Year)  1 day, hrs. OR mln.?	that I last saw h alive on 191, 191, and that death occurred on the date stated above, at 10 m.  The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of lodustry business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  OTHER  OF MOTHER  OTHER  OTHER	(Signad)  State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Sular Mc Namuar  13 BIRTHPLACE OF MOTHER (State or country) Manifand  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yes does not not at place of death?  Former or usual residence
(Address) Carribred Mrn  15 Filed Mrs. 29, 1915 2 2 ZWolff PEGISTRAR  If more blacks are peeded, address State Registrar,	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  LOW 29, 1015  20 UNDERTAKER  ADDRESS  Lawbrig Me

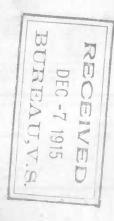


[Approved by U. S. Census and American Public Health Association.]

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness, ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," State cause for which Never "Exhaustion, report mere



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りてことの		A PERMANENT	hould be stated be proporly class cortificate.
r		S	R
MARGIN RESERVED FOR MINDING		WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	N. B.—Every item of information should be carefully supplied. AGE should be stated EX. should state CAUSE OF DEATH in plain terms, so that it may be properly classifie OCCUPATION is very important. See instructions on back of certificate.
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	V. S. No. 1.		should
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replace of DEATH  19502  County Delechestal Co  Village or City Can be independent of the color	State of Maryland CERTIFICATE of DEATH Registration Dist. No. 1/6  St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS  3 SEX 4 COLOR OR RACE 5 SHAPPLED	MEDICAL CERTIFICATE OF DEATH
MIDDWED OR DIVORCED OR DIVORCED OR DIVORCED	(Month) (Day) (Year)
TAGE  Still Ball  (Month) (Day) (Year)  (Year)  7 AGE  Still Ball  1 day, hrs.  OR min.?	that I last saw h alive on 191, and that death occurred on the date stated above, at 9. 35 m. The CAUSE OF DEATH * was as follows:
business, er establishment in which employed (er employer)  BIRTHPLACE (State or country)	Contributory Compresso J Corde deven f. Secondary  Clevery (Bustles) we may de
10 NAME OF FATHER CANALIST STATE  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER QUARTE HICK	(Signed)  2. Cov. 22 191.3. (Address)  State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE DF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Golmand Smit	At pincs In the set desth yes. mes. ds. State, yes. mes. ds. Where was dissess contrasted, if not at pincs of death?  Former or yound residence
(Address) Cambered gl Mill.  15 Filed Mr. 22, 1915 E. E. Walf ARGISTRAR	Lens H Barne Ranbludge

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstate occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. "Foreman," "Manager," "Dealer," etc., Statement of Occupation-Precise statement of occupathe second statement. various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," Women at home, who are engaged in If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, peritopaeum, etc., Carcinoma, Sarcoma, etc., of..... chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee and eonsequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, The contributory (secondary or intercuras "PUERPERAL septichaemia," "Dropsy," "Exhaustion," carbolic acid-probably State cause for which Never report mere



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RECORD	EXACT sified.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTL'should state CAUSE OF DEATH in plain terms, so that it may be properly classified. ExOCCUPATION is very important. See instructions on back of certificate.
AP	shou be
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INK-THIS	upplied. Ac, so that it rions on bac
UNFADING	Every item of information should be carefully supplied. AGE should be stashould state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.
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	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY should state CAUSE OF DEATH in plain terms, so that it may be properly classified. ExACTLY OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	STATE OF MARYLAND
County Darehealer	CERTIFICATE OF DEATH
	Registration Dist. No. 172
Village or City (No. (No. )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead 2 months Lettus ) of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED OR DIVORCED (Write the word)	18 OATE OF DEATH  (Month)  (Day)  (Year)
© DATE OF BIRTH NOV 1 6 1915  (Month) (Day) (Year)	that Diast saw h alive on NOV 16 1915191 ,
7 AGE   If LESS that 1 day, hrs   OR   min.?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession, or particular kind of work	All Bon
(b) General nature of industry business, or establishment in which employed (or employer)	(Duretion) yrs, mas, ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER OF THE OFFICE OFFIC	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)  12 State of country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
of Mother Caura & Bradley	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At piece In the of deathyremosds. State,yremosde.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) It in a Spear	Where was disesse contracted,  If not at place of desth?
(Informant) In a Species (Address) Treuma Ind	If not at place of death?
(Informant) Ama Coffee	If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Duried with refuse of 1004 1 6 1015

[Approved by U. S. Census and American Public Health Assemblition.]

business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) (irocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to mobile foctory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, mpositor, Architect, Lacomotive engineer, Stationary freeman, etc. But in many The material worked on may form part Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Paisoned by corbolic acidsurgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chapneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valuatar heart disease; Chronic interstitial "Timor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid use of ges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of "Old Age," "Shoek," "Uracmia," "Weakness, by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intereur-"Dropsy," Never report mere (Recommendations "Exhaustion," ACCIDENTAL, Whooping -probably



County	achestan C	(6)	CERTIFICATE OF DEATH Registration Dist. No. 116
Village or City	ULL NAME LLMaale	Stewan	St.; Ward) [If death occurs a hospital or insigned its NAME of street and nu
PERS	ONAL AND STATISTICAL PARTICULA	RS .	MEDICAL CERTIFICATE OF DEATH
Mall 6 DATE OF BIL	4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR OIVORCEO (Write the word)	rings 17 NI HE	REBY CERTIFY, That I attended decease
- 11 X	Befr 7 (Month) (Day)	(Year) that I last sa	iwh walive on cot 2 gets
7 AGE		1 day, hrs.	th occurred on the date stated above, at $\mathbb Z$ OF DEATH $st$ was as follows:
(a) Trade, pro particular kind (b) General na	of work ture of Industry		
which employed  9 BIRTHPLAC (State or co	stablishment in (or employer) Mont	Contribut Secondary	ory General Coursion Tyre Tyre Tyre
9 BIRTHPLAC (State or co	OF employer)  Camberd gl  OF ER  PLACE THER OF OR OTHER  MODIFIER	Secondary  (Signed)  State CAUSES, Str SUICIDAL OF  18 LENGTH OF OR RECENT	(Ourstion). Tyre
9 BIRTHPLAC (State or co	OF employer)  Carberd gl  OF ER  PLACE THER OTHER AOTHER MOTHER MOTHER OF OF COUNTRY)  APPLACE THER OF THER O	Secondary  (Signed)  *State CAUSES, Str SUICIDAL OF  18 LENGTH OF OR RECENT At place of death yr Where wes diseas if not at place of Former or ususi residence	(Quration)

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Collon cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, prespective of age. ness of various pursuits can be known. The question write None Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, "Foreman," "Manager," "Desler," etc., without more mobile factory. mill; (a) Solesman, (b) Greery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if inpossible "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, on Nomenclature of the American Medical Association.) state MEANS OF INJURY and qualify as surgical operation was undertaken. For Violent Deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Propsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart discose; Chronic interstilial to determine definitely. Examples: Accidental drowning; cause. "Heart failure," "Heemorrhage," "Inanition," "Marasrent) affection need not be stated unless nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whodping by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver Never report mere (Recommendations "Exhaustion, ACCIDENTAL, important. wound



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement, of OCCUPATION is very. Important. See instructions on back of certificate. RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT V. S. No. 1.

PLACE	OF	DEATH	1	- 1	0	por
1		0	0	1	J	5

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### STATE OF MARYLAND CERTIFICATE OF DEATH

egistration Dist. No.//

Car	-
10	R

Wardl

[if death occurred in

	FULL NAME Woolford S.	Sulluder  a nospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	rale White the word	16 DATE OF DEATH TOWN, 2, 1915 (Month) (Day (Year)
6 D	(Month) (Day - (Year)	that I last saw h alive on
(a) par (b) bus whi	yrs mos ds or min.?  CCUPATION ) Trade, profession, or ritcuiar kind of work  General nature of industry, siness, or establishment in ich employed (or employer)	(Durafion) yrs mos ds.
PARENTS	10 NAME OF FATHER (State or country) Suchester Country  10 NAME OF FATHER (State or country) Sorchester Co.  11 BIRTHPLACE OF FATHER (State or country) Sorchester Co.  12 MAIDEN NAME OF MOTHER CO.	Contributory Secondary  (Ourafion)  (Signed)  (Signed)
14 T	13 BIRTHPLACE OF MOTHER (State or country) Lorchester Co. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Blandamus F. Sullende	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds Where was disease confracted, If not af place of death? Former or usual residence.
16 File	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Craps One  trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," For VIO-



EXACTLY. RECORD Cla should 8 O pplied no C pe C F DEATH i should 0 EW of infor S 55 should state CA

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PHYSICIANS t statement of

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No.... If death occurred in Ward) a hespital or institution. give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, 16 DATE OF DEATH 4 COLOR OR RACE 5 WIDDWED OR DIVDRCED (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR "min.? (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE Secondary (State or country) (Buration) 10 NAME OF S 11 BIRTHPLACE PARENT (State or country) \*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At placa OF MOTHER (State or country) of death yro. mea. da. Slate. Where was disease contracted, If not at place of death? ...... Fermer ar esuel rasidonce DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton ness of various pursuits ean be known. The question write None. "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, prespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many cases, If retired from

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mus, on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerperal septichumia," etc., when a definite disease can be ascertained as the cough; Chronic valvular heart disease; Chronic interstitiol on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from ehild-State cause for which Never report mere "Exhaustion," nound



	RECORD	PHYSICIANS should state t of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
Parent .		-

C	PLACE OF DEATH 19507			STATE OF MARYLAND CERTIFICATE OF DEATH				
	CountyZxZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		Registered No. 119			No. 119		
V	/Illage or Cit	y Mady NAME So	etti.	Tilgh	na.	St;	Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSO	NAL AND STATISTI	CAL PARTICULA	IRS		MEDICAL CERTIFIC	ATE OF D	EATH
3 51		4 COLOR OR RACE	SINGLE, MARRIED, WIDOWEO, OROIVORCEO (Write the WOR	regla	18 DATE OF D	00000	onth)	(Day) , 191 (Year)
7 A		(Month)		(Year)  It LESS than 1 day, hrs.	and that death	h alive on occurred on the date		1913, 1913, 1915, 1915, 1916,
pa (b) bus wh	General nature of siness, or establis	rk t industry, shment in employer)			Contributor (Secondary)	У	on) y	rs. mos 6 ds.
ARENTS	10 NAME OF FATHER  11 BIRTHPLI OF FATH (State or co	ACE ER OUNTRY) Man	na Tan	lghm	*State the CAUSES, state		LELY 2	eaths from Violenz
147	13 BIRTHPLA OF MOTH (State or co	ACE (ER OUNTRY) Ma	Telghi ylan The MY KNOW	LEDGE	18 LENGTH OF OR RECENT R At place of death yrs Where was disease it not at place of d Former or	RESIDENCE (FOR HOS	in the State	Yrs mos ds.
16 Fil	(Address)	1915 Johnson		REGISTRAR Registrar, 6 I	Mad 20 UNDERTAK Norwe	ER  Publish  Salto, Requesting V. 8	A Ch	DURESS

[Approved by U. S. Census and American Public Heaith
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; ness of various pursuits can he known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should he used only when needed. the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc., Carcinological control contro

injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childhirth or miscarrlage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanitlon," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. Bronchopneumonia (secondary), 10 ds. Never report ample: Measles cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name orlgin; "Candeath), 29 "Exhaustlon," Examples: For vio-



. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City  2 FULL NAME	19508 Jane 1940 Jane 10 u	STATE OF MAR CERTIFICATE OF Registration Dist	F DEATH
	STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
DATE OF BIRTH	S SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  17  1 HEREBY CERTIFY, That I att.	1 77 ,191 5
7 AGE	(Month) (Day) (Year)	and that death occurred on the date sta	, 191
B OCCUPATION  A) Trade, profession, or	n .		
(b) General nature of Industry business, or establishment in which employed (or employer)	Tore	Good Evanorion	√yis → mos. ds.
9 BIRTHPLACE (State or country)	Lugh	Contributory Secondary  (Burstion)	773. 706. de
OF FATHER  OF FATHER	wasner (	(Signed)  77 , 181 S (Address) Cauch  *State the DISEASE CAUSINO DEATH, or, CAUSES, state (1) MEANS OF INJURY; and (2)	in deaths (not Violent
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	wowth	SUICINAL OF HOMICIOAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS)	
State or country	waine	At place In the state, where was disease contracted,	yra mon. de.
(Informant) 2. F. C.	tate Hroft Record	Former or was deaded to the form of the standard of the standa	Junde Ti son
(Address) Case 15 Filed Mr. 22, 191.5	· Erwey	19 PLACE OF BURIAL OR REMOVAL  Objective, Md.  20 UNDERTAKER	DATE OF BURIAL  Nov. 23, 1915  ADDRESS
If mor	REGISTRAR e blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	South dzz Md.

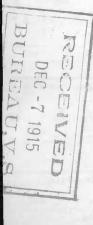


[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hauseheepers employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm loborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoengineer, Stotionary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question write None. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uruemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heort disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere "Atrophy," mound



carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS N. B.—Every item of information should be carefully su CAUSE OF DEATH in pisin terms, so that it millimportant. See instructions on back of certificate. WRITE PLAINLY, WITH

Ounty Mehela  County Cauloga (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)  7 AGE If LESS than 1 day, hrs.  yrs. mos ds. OR min.?	that I last aaw help affect un Isl.  that I last aaw help affect un Isl.  and that death occurred on the date stated above, at / Isl.  The CAUSE OF DEATH* was as follows:
particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Parthelace (State or country)  Dopulud have	Contributory Version, Compression of Contributory
19 NAME OF FATHER CALL TURE  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has or persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman," (9)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumopia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated upless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For VIO-



19510 stated EXACTLY. PHYSICIANS rly classified. Exact statement of County Darchester <sup>2</sup> FULL NAME be properly classified. PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, & 3 SEX 5 4 COLOR OR RACE WIDOWED OR DIVORCED back of certificate. should be 6 DATE OF BIRTH (Month) TAGE It LESS than it may AGE 1 day, hrs. so that 0 OCCUPATION
(a) Trade, profession, or supplied plain terms, so t See instructions particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer carefully (State or country) 10 NAME OF be FATHER CAUSE OF DEATH IN Every item of information successions state CAUSE OF DEATH is OCCUPATION is very important. PARENTS 11 BIRTHPLACE (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 15 m ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in a hospital or institution

cken.	give Its NAME Instead of street and number.]
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Nov	/5 , 1915 (Day) (Year)
131.30, 10	OV 15, 191.5
that I last saw h/.7- alive on and that death occurred on the date st	tated above, atosopm
The CAUSE OF DEATH * was as follow	
	•
Contributory Emps (Burstien) Secondary	
(Signad) Brigola lore	/ / / .
*State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	, in death from VIOLENT (2) whether ACCIDENTAL,
18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the sf death yra. mss. ds. State Where was disease contracted, if not at place of death?	
Former or usual rasidanca	
19 PLACE OF BURIAL OR REMOVAL	hov / 9, 1915
20 UNDERTAKER	ADDRESS Federale

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write Nonc. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever The material worked on may form part At home. Care should be Locomotive engineer, If retired from without more The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetonus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state means of injury and qualify as accidental, mus, cough; Chronic valvular heort disease; Chronic interstitial head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopucumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," nephritis, etc. " "Old Age," "Shock," "Uracmia," "Weakness," by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Exhaustion,"



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### N. B.—Every item of information should be carefully aupplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD S UNFADING INK-THIS WRITE PLAINLY, WITH

1 PLACE OF DEATH 19511



### STATE OF MARYLAND CERTIFICATE OF DEATH

mag

County Vor Chegle	Registration Dist. No. 110
Village or City Zenthull (No	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
AGE   Month   Day   Year   If LESS than   1 day	that I lest saw he alive on Provident allowers, at Promise and that death occurred on the date stated above, at Promise The CAUSE OF DEATH* was as follows:
CCUPATION (a) Frade, profession, or particular kind of work (b) Genoral nature of Industry, business, or establishmenf in which employed (or employer)	Couration) yrs. mos. ds.
OBJECT OF STATES  OF S	Contributory (Secondary)  (Deration) yrs mos ds.  (Signed) , M. D.
(State or country)  (State or country)  (State or country)	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the  of deathyrs,mos,ds.
(Informant) Mary Hashing In	Where was disease contracted, If oot at place of death? Former or Usual residence
Filed her 5 1915 Robert & Hashinga REGISTRAR	20 UNDERTAKER  Calcus Hashing ton Humanulle
II more plants are needed, address pixto Regis trai	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

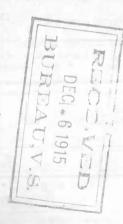


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Hausewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmine, etc. Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbosis of lungs, meninges, peritonaeum, etc..

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowid cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes valvular heart disease; Chronic interstitial nephritia ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accizer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory "Senile," etc.), (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," (name origin; "Candeath), 29 "Exhaustion," Never report ds. ;



		> x
)	RECORD	EXACT
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. ExaCCCUPATION is very important. See instructions on back of certificate.
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	PLAINL	Every item of Information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.
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V. S. No. 1.		Z

Coun	1 PLACE OF DEATH  19512.  10 Dorchester	STATE OF MARYLAND CERTIFICATE OF DEATH
1,711	The things of the same	Fif doth accurred in
Villa	ge or City Manual (No,	Ward)  A hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DA	TE OF BIRTH  (Month) (Day) , 19/4  (Year)	that I last saw h M alive on Oct 3, 1913,
7 AG		and that death occurred on the date stated above, at // Pm. The CAUSE OF DEATH)* was as follows:
par (b bus whi	CCUPATION ) Trade, profession, or Profession, or Profession, or Profession, or Profession, or Profession, or Profession of Work ) General nature of ladustry siness, or establishment in ich employed (or employer)  BTHPLACE (State or country)	Contributory Secondary  COUNTRIBUTED  (Ouralion)  (Ouralion)  (Ouralion)  (Ouralion)  (Ouralion)  (Ouralion)  (Ouralion)  (Ouralion)
RENTS	10 NAME OF FATHER COUNT PLANINGSON  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIUNTAL, SUICIDAL Or HOMICIOAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place . In the af death
	(Informant) . Challege Charles	if ool at place of death?  Former or  usual residence
15 File	Address) Oak Great L. Hashings BRECHETTAR	PLAGE OF BURIAL OR REMOVAL  LOS LIST MAN MON ST. 191.5.  20 UNDERTAKER  ADDRESS  Address  Address  Address  Address  Address  Address  Address  Address  Address
	If more blanks are needed, address State Registrar, I	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupataken to report specifically the occupations of persons! engaged in domestie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been effanged ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should he & yrs.). For persons who have no occupation whatever, applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil especially in industrial employments, it is necessary to As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part who receive a definite salary), may be entered as Househusiness, that fact may be indicated thus: Farmer (retired tion is very important, so that the relative healthfulengineer, Stationary freman, etc. But in many cases, (b) Autoprecise specification as Day laborer, Farm laborer, Laborer or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. write None.

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, menin-

suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; cte,, when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-"PUERPERAL perilonitis," etc. State cause for which Sprinck by zailway win Engeldent; Revolver wound of heat-homicade; Poisoned by carbolic acid-probably head-homicede; Possoned by carbolic acid-probably syicide. The nature of the injury, as fracture of skull, under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping chopneumonia (secondary), 10 ds. Never report mere genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," birth or miscarriage as "PUERPERAL septichaemia," surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, and consequences (e. g., sepsis, tetanus) may be stated cough; Chronic valvular heart disease; Chronic interstitial The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease eausing death), 29 ds.; Bronsymptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association.) "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" ( nephrilis, etc.

PERMANENT RECORD

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

S. No. 1.

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s

Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# 1 PLACE OF DEATH

19513

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 115

-St.;-----Ward)

[It death occurred is a hospital or institution, give Its NAME lostead

2FULL NAME Mary Presculla Ward of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemals Colored Single,  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH TWO Months (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
May 5th. 1857	that I last saw h & alive on Two meta 19th, 1915	
TAGE  It LESS than 1 dayhrs.  OCCUPATION  (a) Trade, protession, or particular kind of work.  The second seco	and that death occurred on the date stated above, at 3 - H.m.  The CAUSE OF DEATH* was as follows:  Through Parcy Chymasteus Raphorthis	
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Duration) Zyrs mos. es.	
(State or country)  Order of Country - Maryland  10 NAME OF FATHER  STATE  OF FATHER  STATE  OF FATHER  STATE  OF FATHER  OF MOTHER  OF MOTHER	(Signed) (Duration) yrs mos ds.  (Signed) (Signe	
13 BIRTHPLACE OF MOTHER COUNTY - MARY CANA  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Same Sand Ward	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   lo the   ot death	
(Address) Frahing Creek Ind.	DATE OF BURIAL OR REMOVAL  Travas Burging Ground,  20 UNDERTAKER  WM. H. Summons & Co.  Training Cresh, M.  Trar, G. E. Franklin St., Balto., Requesting V. S. No. 1.	



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fleatlon as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits ean be known. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the As examples: The question (0)

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is unfilmportant. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

VIIIage or City DE av Sa(Nozestono)  2FULL NAME Themia	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St.: Ward)  St.: Ward)  St.: Ward)  St.: Ward of the institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEMALE HILLE SINGLE, MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  SEL 28 1863	16 DATE OF DEATH  (Month) (Day (Year)  17 I hEREBY CERTIFY, That I attended deceased from 191, 191, 191
7 AGE  (Month) (Day Kear)  7 AGE  11 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER SENGE IV, Jones  11 BIRTHPLACE OF FATHER (State or country) Love heater 60  12 MAIDEN NAME OF MOTHER 60  12 MOTHER 60  14 MOTHER 60  15 MOTHER 60  16 MOTHER 60  17 MOTHER 60  18 MOTHER 60  18 MOTHER 60  19 MOTHER 60  10 MOTHER 60  10 MOTHER 60  10 MOTHER 60  10 MOTHER 60  11 MOTHER 60  11 MOTHER 60  12 MOTHER 60  12 MOTHER 60  13 MOTHER 60  14 MOTHER 60  15 MOTHER 60  16 MOTHER 60  17 MOTHER 60  18 MO	(Signed)  (Signe
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) Adaptates Co  14 THE ABOVE IS TRUE TO THE BEST OF MONOWLEDGE  (Informant) Weather  (Address) Oak Frove # 24	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.  9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed for 33th, 1915 & It Heatings	20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1. >



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